ROYAL PHARMACEUTICAL SOCIETY

Consultant Pharmacist Curriculum

Contents

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Key curriculum definitions

ADVANCED PHARMACY FRAMEWORK (APF)
The RPS framework used for identifying progressively more advanced stages of pharmacy practice.

APPROPRIATE
An action that is evidence-based, safe, cost-effective and in keeping with your clinical judgement, as well as the patient's situation and preferences.

ADVANCED PHARMACIST ASSESSMENT PANEL (APAP)
The panel responsible for the quality assurance of RPS assessment and credentialing activity related to advanced and consultant pharmacy practice.

ASSESSMENT
All activity aimed at judging a learner's attainment of the curriculum's learning outcomes, whether for summative (determining satisfactory progression in or completion of training), or formative (developmental) purposes. An outcome can be defined as a level of performance or behaviour that a trainee is expected to achieve as part of their development according to their stage of training within the curriculum.

BLUEPRINT
A matrix used to define the content of an assessment. This ensures the assessment programme covers all the outcomes defined by the curriculum.

BOUNDARIES
Traditional boundaries in the healthcare system between different professions, areas of clinical practice, and/or geographies.

CAPABILITIES
High-level, complex professional capabilities are flexible and adaptive in a wide range of contexts and synthesise the knowledge, skills, behaviours and experience practitioners need to manage real-life patient scenarios.

COLLABORATOR
Any individual supporting pharmacists undertaking this programme to record their learning e.g. a member of the team who contributes to a 360-review, a patient who completes a survey or a senior who undertakes a supervised learning event.

CONSULTANT PHARMACIST COMPETENCY COMMITTEE (CPCC)
A group of appropriately qualified experts who reach final decisions on individuals' progression to being credentialed as consultant-ready.

CRITICAL PROGRESSION POINT
A point in a curriculum where a learner transitions to a higher level of professional responsibility or enters a new or more specialist area of practice. These gateways represent an increased level of risk to patients so transition through these points must be robustly managed, usually by summative assessment hurdles.

CONSULTANT-READY PHARMACIST
An individual who has been credentialed by the RPS as having met the consultant pharmacist curriculum outcomes via the programme of assessment but who is not currently working in an approved consultant pharmacist post.

CONSULTANT PHARMACIST
An individual who has been credentialed by the RPS as having met the consultant pharmacist curriculum outcomes via the programme of assessment and who is currently working in an approved consultant pharmacist post.

CREDENTIAL

An award recognising progression and successful completion of a critical progression point within an assessment programme.

CURRICULUM

A statement of the intended aims and objectives, content, experiences, learning outcomes and processes of a programme, including a description of the structure and expected methods of learning, teaching, assessment, feedback and supervision.

DESCRIPTOR

A clarifying statement or example of the expected level and breadth of performance required to achieve the curriculum outcomes.

DOMAIN

A collection of commonly-themed capabilities and outcomes.

EDUCATION AND STANDARDS COMMITTEE

The committee responsible for the overarching quality assurance of all RPS assessment and credentialing activity.

EXPERIENCE (BREADTH OF)

When a pharmacist has had enough experience to be able to practise safely and competently at the expected level of performance. This is not linked to a quantitative measure rather when the pharmacist has acquired and consolidated the learning outcomes.

INTERMEDIATE DECISIONS

Formative checkpoints carried out by the professional coach and expert mentors during the programme which may result in further supportive actions put in place to ensure continued progress.

FINAL DECISIONS

Higher stakes critical progression points based on numerous data points reviewed holistically by a competency committee. The outcome of this decision will inform whether an individual has satisfactorily met the learning outcomes and can be credentialed as consultant ready.

OUTCOMES

Describe what is to be achieved by pharmacists undertaking the programme; these describe the knowledge, skills, behaviours and experience of those who successfully complete the programme of assessment.

PATIENT-FOCUSSED ROLES

Roles that have a direct impact on individual patients and/or patient populations although this may not involve regular direct patient-facing contact.

PROGRAMME OF ASSESSMENT

The set of individual assessments planned to assess the curriculum outcomes. The synthesis of these individual assessments into a programme allows for integrated judgements on an individual's performance.

PROGRAMME OF LEARNING

A matrix of the capabilities, learning outcomes and descriptors determined as necessary to deliver the services defined by the curriculum purpose.

QUALITY ASSURANCE

The standards, systems and processes in place to maintain and enhance quality to assure patients and the public that pharmacists meet the required standards.

QUALITY CONTROL

RPS has a role in quality control in terms of ensuring national curricula and assessments are consistently developed and delivered in line with the quality standards.

Health Education England (HEE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and employers are responsible for managing training programmes and the progress of pharmacists undertaking learning and training. These organisations will have quality management systems in place to satisfy themselves that education providers are meeting the required standards.

1 Introduction

First introduced to the NHS in 2005, consultant pharmacists are leaders in the profession as well as senior clinical experts delivering care and driving change across the healthcare system; they undertake activities that use their extensive expert knowledge and skills to contribute to improving the health of individuals and the wider population. Traditionally, the pathway to becoming a consultant pharmacist was based on an individual's personal motivation and serendipity. To respond to this, the Royal Pharmaceutical Society (RPS) developed the RPS Advanced Pharmacy Framework, a competency-based framework designed to support the development of an advancing pharmacy workforce capable of delivering high-level care.

Furthermore, in January 2020, with patient populations requiring more complex care delivered seamlessly by multi-professional teams across community, primary and secondary care settings, revised Consultant Pharmacist Guidance was published enabling the further strategic development of consultant pharmacist posts across England, Wales and Northern Ireland. In Scotland the Pharmacist Postgraduate Career Framework includes practice at a level equivalent to consultant which aligns with this revised publication. This guidance outlines a parallel credentialing process to accredit both consultant pharmacist posts and entry-level consultant pharmacists; this dual credentialing process provides assurance to patients and other healthcare professionals that consultant pharmacists are practicing at the appropriate level to be taking on these highly-advanced roles and, secondly, that there is standardisation in the level of consultant pharmacist posts across all pharmacy sectors in the UK.

Based on the RPS Advanced Pharmacy Framework, and in line with the entry-level standard articulated in the NHS Consultant Pharmacist Guidance, this curriculum has been developed to articulate the entry-level knowledge, skills, behaviours and levels of performance expected of consultant pharmacists. The curriculum outcomes in turn form the basis of a robust programme of assessment against which individuals will be credentialed. Successful completion of the consultant pharmacist credentialing assessment confers eligibility to fulfil an accredited consultant pharmacist post.

The consultant pharmacist curriculum is open to all pharmacists practising in patient-focussed roles. Membership of the RPS is not an eligibility criterion to be credentialed as consultant-ready through the assessment programme articulated in this curriculum.

What does this curriculum document include?

The consultant pharmacist curriculum provides a framework for professional development training and pathways, articulating the standard required to enter consultant-level pharmacy practice. The curriculum has been developed in line with the RPS curriculum quality framework to ensure it is in line with best educational practice. The document is comprised of the following key sections:

The purpose statement

The curriculum purpose statement defines how this curriculum and associated development pathways will improve patient outcomes by developing a consultant pharmacy workforce capable of managing the pharmaceutical care of ever more complex patient populations working across traditional system boundaries.

The programme of learning

The consultant pharmacist curriculum describes the expected capabilities of an entry level consultant pharmacist across the following domains:

- Person-centred care and collaboration
- Professional practice
- Leadership and Management
- Education
- Research

Each capability is broken down into a series of outcomes and descriptors which indicate the level and breadth of experience pharmacists must demonstrate to be credentialed as consultant ready.

Many factors were considered when developing the programme of learning including:

- Wide stakeholder engagement – the curriculum outlines the wide stakeholder engagement that has been undertaken to ensure its capabilities and outcomes are representative of service needs across all sectors.
- Robust governance structures – the document details the governance structures that were in place when developing the curriculum.
- An inclusive curriculum – the curriculum also outlines the steps have been taken to mitigate bias and discrimination against learners in the programme of learning.

The assessment programme

The programme of assessment subsumes all activity aimed at judging an individual's achievement of the curriculum outcomes. The programmatic assessment programme incorporates the core RPS assessment principles of:

- Authenticity
- Fairness
- Validity
- Reliability
- Multi-faceted assessment
- Transparency
- Inclusivity
- Evidence-based
- Deliverable

2
Curriculum purpose statement

Supporting service transformation

The services patients require from healthcare professionals, including pharmacists, and how these services are delivered, are rapidly changing. Consultant pharmacists are integral to supporting the transformation of these services, acting as the leaders of the growing and more clinically focussed pharmacy workforce.

Patient care needs to be delivered closer to people's homes seamlessly across community, primary and secondary care; this means we need more pharmacy professionals working in clinical roles in a range of new settings. These new roles require consultant pharmacists in post who can work across a healthcare system and maximise the impact of their expertise to improve the care of the population.

An aging population of patients, who have more complex needs and require more complex treatments, is placing ever growing pressure on clinical services. To improve the care patients receive, we have seen the growing role of multi-professional clinical teams delivering care in the community; pharmacy professionals form an integral part of these teams. Consultant pharmacists have a key role in working across patient pathways to manage complex clinical cases as part a multidisciplinary approach.

Medicines need to be used judiciously in the interests of patient well-being and to minimise the risk of harm. Achieving this will require experienced pharmacy leaders, working at the highest levels of the profession, to support a wide range of professionals, from diverse healthcare sectors, all involved in the care of patients.

Developing the pharmacy workforce to meet the demands of these developments is vital; consultant pharmacists are essential in shaping the education and training across boundaries to develop the current and future workforce to deliver the medicine services patients will need in the future. In addition, it is essential to advance and innovate the evidence-base through research; consultant pharmacists will be at the forefront of generating and disseminating evidence in their area of clinical practice to drive improvements in care and impact on practice.

Consultant pharmacists are central to delivering transformation in pharmacy services and the pharmacy workforce; they will act as essential system leaders and catalysts for change across practice, education and research ultimately improving the care patients receive.

Ensuring quality

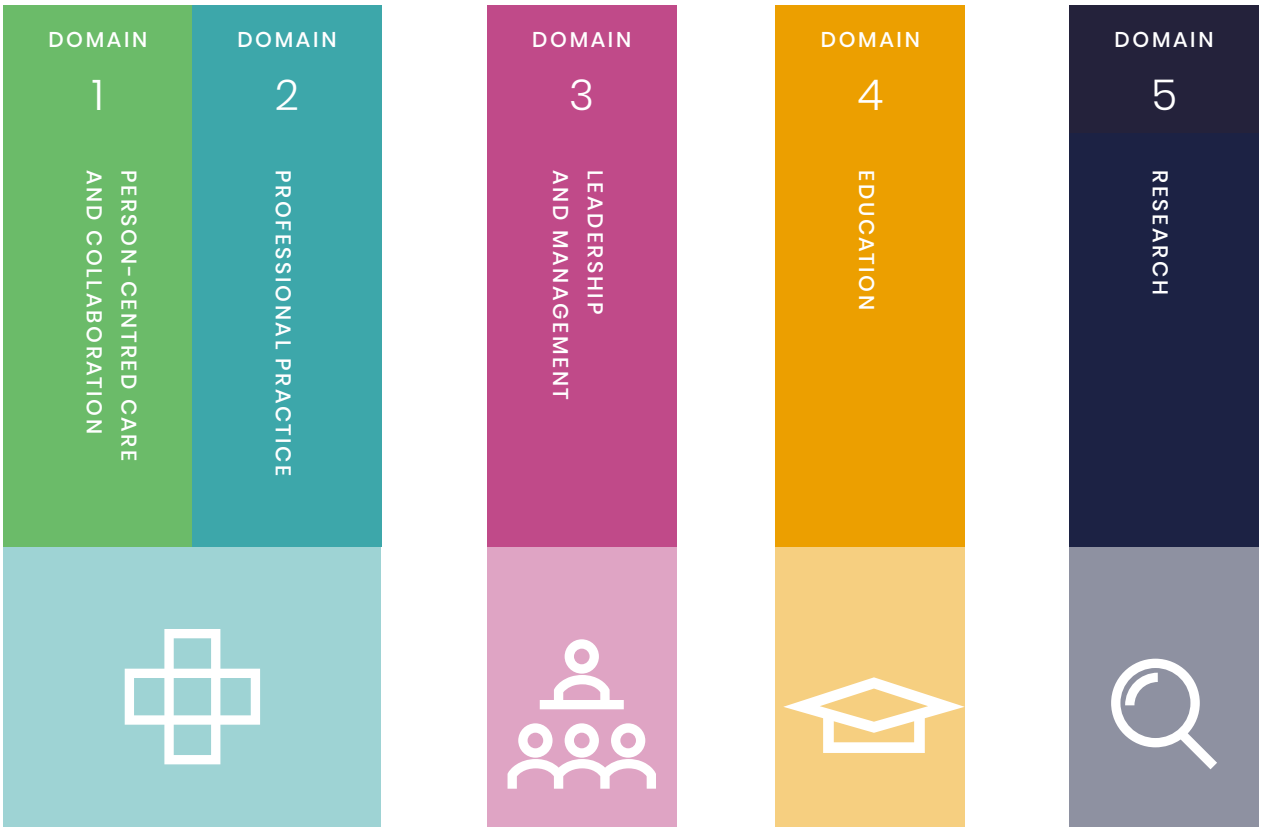
This curriculum is designed to articulate the knowledge, skills, behaviours, experience and level of performance expected of those individuals practising at the entry level of consultant pharmacist practice in patient-focussed roles. The curriculum has been designed to closely align with the four pillars of advanced practice[1] recognised across healthcare professionals: clinical practice, leadership and management, education and research.

In addition, this curriculum will:

- Ensure consistency across roles and provide assurance for other health care professionals, patients and the wider public as to the competence of consultant pharmacists.
- Provide details of the services and scope of practice that those credentialed against the curriculum will be able to deliver.

1. Manley, K. (1997) A conceptual framework for advanced practice: an action research project operationalising an advanced practitioner/nurse consultant role, Journal of Clinical Nursing, 6(3), pp.179-190.

The four pillars of advanced practice



Defining the scope of practice

The curriculum is designed for pharmacists working in patient-focussed roles who wish to practise at consultant level. It is designed to develop pharmacists who can:

- Lead on the delivery of complex pharmaceutical care in dynamic and uncertain environments across boundaries.
- Shape and implement regional and national policy and strategy in their area of clinical practice.
- Demonstrate high level communication and collaboration skills, communicating complex information to stakeholders in challenging environments to promote a collaborative approach across the healthcare system.
- Lead on the strategic vision for implementing and innovating service delivery beyond their organisation, managing service change effectively to deliver demonstrable improvements to patient care.
- Contribute to the governance agenda at a senior level, effectively managing people, resources and risk at a team and/or service level to maximise the quality of patient care.
- Manage education provision across boundaries both within and outside of their organisation, interpreting national policy to shape the education and development of the workforce in their area of clinical practice.
- Critically evaluate the literature and evidence-base to inform and improve service delivery within their organisation.
- Identify gaps in the evidence-base, designing research protocols to generate new evidence and improve patient care.
- Work collaboratively to support research in their area of clinical practice.

Individuals with these capabilities will deliver the following scope of practice:

- Be recognised as experts in their area of clinical practice.
- Provide medicines-focussed leadership across healthcare systems.
- Provide influence across organisational and professional boundaries to patients accessing services in their area of clinical practice.
- Influence the health of the wider population in their area of clinical practice.
- Support service developments across patient pathways.
- Manage complex clinical cases in collaboration with colleagues across community, primary and secondary care settings.
- Develop the workforce and be actively involved in the education and training of the current and future workforce.
- Develop the evidence-base of their area of clinical practice through research to inform future practice.
- Innovate in their area of practice to improve patient care and services.

For the sake of clarity, the figure on the next page contrasts the role of the consultant pharmacist with that of an advanced clinical practice pharmacist.

Improving patient care

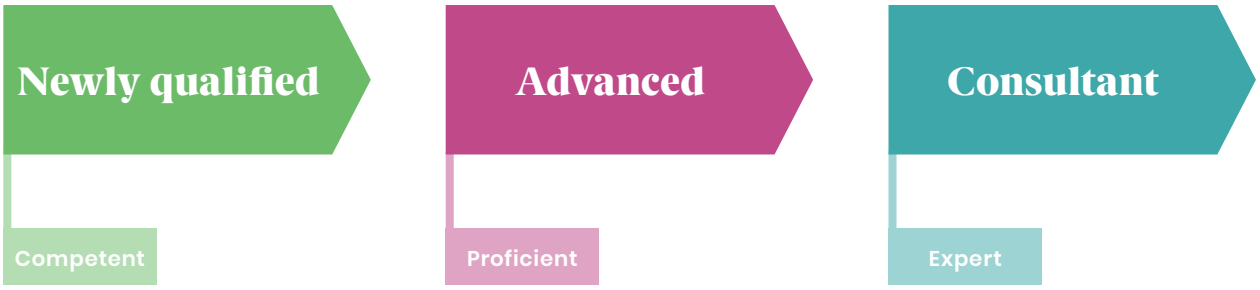
Developing a nationwide workforce of consultant pharmacists will result in an improved service to patients, including:

- Higher quality patient care.
- Improved patient experience.
- Improved safety and a reduction in medicines harm.
- Greater convenience in the delivery of care.
- Equity and consistency in the care patients receive across the UK.
- Improved efficiency in the use of resources and a reduction in wastage.

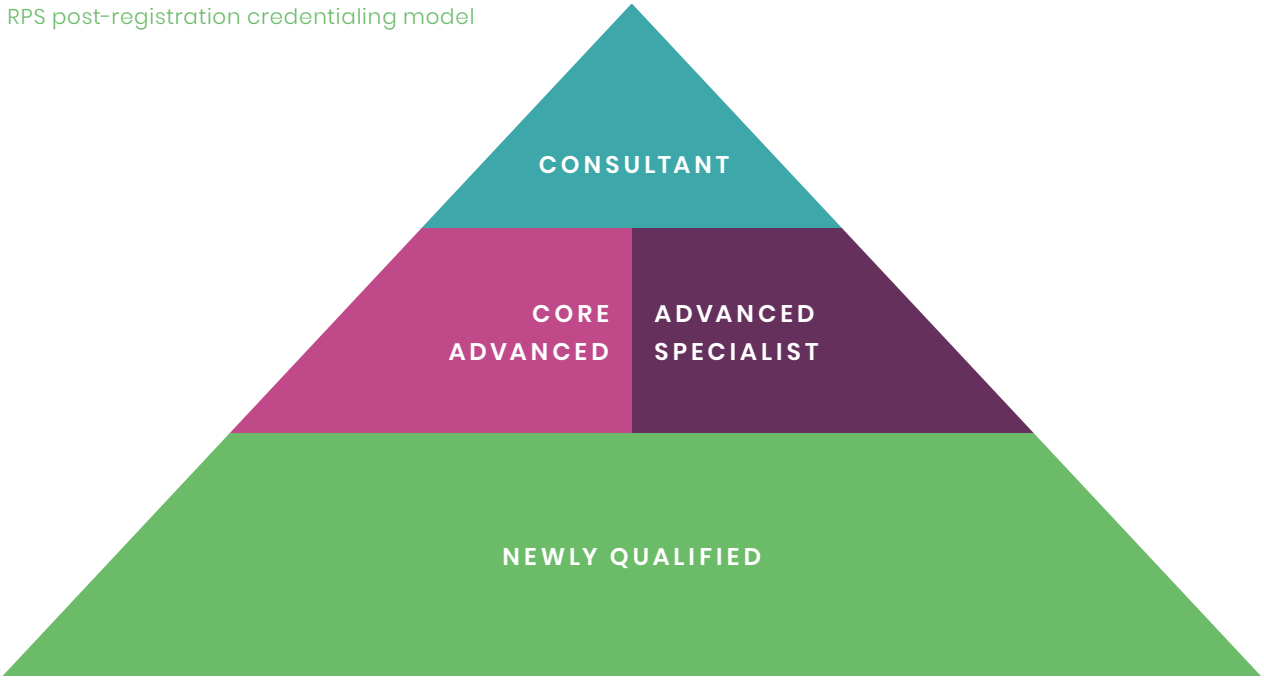
Part of a post-registration continuum

The RPS has developed a post-registration continuum of practice in line with the principles of the Dreyfus model[2]. This structured development pathway supports progression from newly qualified to advanced- and consultant-level practice. The curricula underpinning these levels of practice will comprise the same five broad domains with outcomes and descriptors articulating a spiral approach with increasing complexity and uncertainty in clinical practice.

Post-registration continuum of practice in line with Dreyfus model



RPS post-registration credentialing model



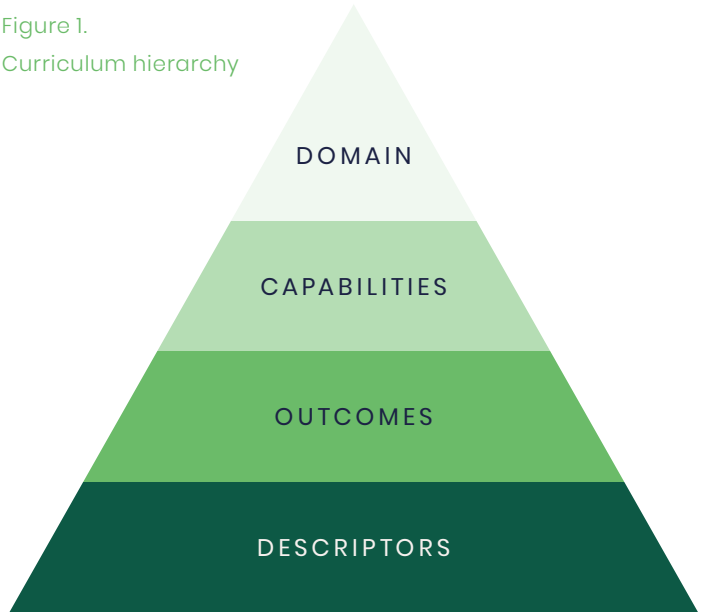
2. Pena A. The Dreyfus model of clinical problem-solving skills acquisition: a critical perspective. Medical Education Online 2010, 15: 4846 - DOI: 10.3402/meo.v15i0.4846 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2887319/pdf/MEO-15-4846.pdf [accessed 25/9/20]

Overall structure of the curriculum

The curriculum consists of nine **capabilities** which describe the key clinical and professional aspects of consultant pharmacist practice. Each capability is a synthesis of **outcomes** which describe the knowledge, skills and behaviours that should be demonstrated by a pharmacist on entry to consultant practice. Each outcome is supported by a set of **descriptors** which clarify the expected level and breadth of performance required to demonstrate the outcome. The capabilities and associated learning outcomes and descriptors have been grouped together into five broad domains; these domains are mirrored through all RPS postgraduate curricula supporting the continuum of practice from foundation to advanced and consultant practice.

- Person-centred care and collaboration
- Professional Practice
- Leadership and Management
- Education
- Research

Figure 1.
Curriculum hierarchy



3
The programme of learning

The consultant pharmacist curriculum is made up of five domains, each comprised of a set of capabilities and learning outcomes.

Figure 2.
Overview of domains and capabilities

For the sake of clarity, definitions of key education terms relating to the programme of learning are below:

The programme of learning is the matrix of the capabilities, learning outcomes and descriptors determined as necessary to deliver the services and patient benefits defined by the curriculum purpose.

Domains are collections of commonly themed capabilities and learning outcomes. There are **five** domains in the consultant pharmacist programme of learning.

Capabilities are high-level, complex professional capabilities which are flexible and adaptive in a wide range of contexts; they require the complex synthesis of knowledge, skills, behaviours and experience enabling practitioners to manage real-life clinical scenarios. Each of the domains in this programme of learning is made up of between one to three capabilities and there are **nine** capabilities in total in the programme of learning.

Outcomes describe what is to be achieved by pharmacists by the end of the programme; these describe the knowledge, skills, behaviours and experience of those who successfully complete the programme and demonstrate their ability to practise at entry-level consultant-level through the programme of assessment. Candidates will be assessed against these in the programme of assessment. This programme of learning is comprised of **20** learning outcomes.

Descriptors detail the level and depth of performance required to satisfactorily meet the curriculum outcomes. They provide greater detail for pharmacists undertaking the programme on what is expected of them in practice to reach the required standard.

3.1 Stakeholders

This curriculum document is designed to be used by a range of stakeholders:

Pharmacists undertaking the programme can monitor their progress towards achieving the outcomes, ensuring they are gaining the appropriate learning, training and experience. This will contribute to appraisal, self-assessment, self-directed learning, and formative and summative assessment against the outcomes.

Professional coaches and expert mentors can ensure pharmacists undertaking the programme are developing the appropriate skills, knowledge and behaviours, and are being exposed to the appropriate experience to gain these. They can use the curriculum to verify that they are providing teaching, support and guidance to cover the right areas.

Training providers will be able to design structured learning programmes and ensure local teaching maps to the curriculum.

Employers will be able to use the curriculum to support professional and personal development plans for employees' development as well as to understand the scope of practice for consultant pharmacists.

Service planners and commissioners can refer to the curriculum to understand the capabilities of the consultant pharmacist workforce when developing and commissioning services.

Patients and lay people will be able to see the standard required for a pharmacist to practise at consultant level.

Assessors and collaborators will be able to refer to the curriculum outcomes and descriptors to support and standardise assessment activities.

3.2 Governance

The domains, capabilities and learning outcomes for this curriculum were based on the RPS Advanced Pharmacist Framework (2013) and the NHS Consultant Pharmacist Guidance. The APF was developed to build on the widely used legacy Advanced to Consultant Level Framework (ACLF). The original ACLF was developed by the Competency Development and Evaluation Group (CoDEG) in 2004. The ACLF and APF have subsequently been extensively validated across pharmacy, at all levels of practice, and principally in hospital, community and primary care sectors[3].

This consultant pharmacist curriculum, including the programme of assessment, was developed by the RPS consultant pharmacist task and finish group. The remit of this group, as defined in its terms of reference, was to develop a consultant pharmacist curriculum aligned with:

- The entry-level standard defined by the NHS Consultant Pharmacist Guidance and APF.
- The quality standards defined in the RPS Curriculum Development Guidance.
- Workforce and service needs across all sectors of pharmacy throughout the UK.

The RPS consultant pharmacist task and finish group was made up of a wide range of stakeholders to ensure the programme of learning is inclusive to different sectors and geographies, including:

- Practising consultant pharmacists from a wide range of areas of clinical practice.
- Practising consultant pharmacists from different sectors of pharmacy practice.
- Practising consultant pharmacists with varying degrees of experience practising at this senior level.
- Pharmacists working towards consultant-level practice.
- Educational commissioner representatives from across the UK: HEE, HEIW, NES.

The RPS consultant pharmacist task and finish group was responsible for:

- Developing the consultant pharmacist curriculum purpose statement.
- Approving the overall consultant pharmacist curriculum structure.
- Developing the consultant pharmacist curriculum capabilities, outcomes and descriptors.
- Liaising with internal networks to ensure the curriculum content is as representative as possible.
- Designing the curriculum assessment programme to ensure robust assessment of the programme outcomes in line the RPS assessment principles.
- Recommending appropriate Accreditation of Prior Learning (APL) arrangements for the legacy workforce to the RPS Education and Standards Committee (ESC).

The consultant pharmacist curriculum content was subject to formal consultation prior to publication with engagement from a wide range of stakeholders, including employers from across the UK, training and education providers, a range of pharmacy associations, and learners to ensure the curriculum is inclusive to our diverse profession.

3. RPS Advanced Pharmacist Framework (2013): Section 6 - Bibliography P17-18

The ongoing oversight of the curriculum, including the periodic review of its outcomes, will be undertaken by the RPS Advanced Pharmacist Assessment Panel (APAP) who are responsible for:

- Ensuring the consultant pharmacist curriculum remains relevant and up to date.
- Ensuring the consultant pharmacist curriculum, including its programme of assessment, remains in line with the RPS curriculum quality framework.
- Setting and maintaining the standard for consultant pharmacist credentialing assessments.
- Quality assuring consultant pharmacist credentialing assessments both in terms of academic principles and operational delivery.
- Ratifying results of consultant pharmacist credentialing assessments.
- Setting and maintaining the standard for consultant pharmacist post accreditation, ensuring this is aligned to the individual credentialing standard.
- Quality assuring consultant pharmacist post accreditation in terms of academic principles and operational delivery.
- Ratifying results of the consultant pharmacist post accreditation.
- Monitoring and reviewing performance of assessors involved in consultant pharmacist credentialing and consultant pharmacist post accreditation and advising on topics for assessor training.
- Making recommendations to the Education and Standards Committee about any major changes to the consultant pharmacist curriculum and the individual components involved.

The programme of assessment will be initially piloted and formally reviewed at the end of its first year by APAP to assess its effectiveness in line with the RPS assessment principles and RPS curriculum quality framework. In addition, the programme of learning will be reviewed annually to ensure it remains relevant, fit for purpose and aligned to evolving patient and service needs.

3.3 Inclusivity

The RPS is committed to celebrating the diversity of the pharmacy profession and ensuring its curricula, including any assessments, are inclusive and accessible to all. To ensure this, we will undertake a full equality impact assessment of the curriculum.

In addition, to encourage as many voices as possible to shape the curriculum content, we have actively sought input from the RPS inclusion and diversity reference group, to ensure that diverse voices have shaped the curriculum and assessment programme, including where possible:

- Pharmacists from different ethnicities.
- Pharmacists with disabilities.
- Pharmacists from across the spectrum of sexual orientation.
- Pharmacists from across the spectrum of gender.
- Pharmacists who work less than full-time.
- Pharmacists who have taken a break from training e.g. those taking or who have taken family-friendly leave.

Domains, capabilities, outcomes and descriptors table

DOMAIN	CAPABILITIES		OUTCOMES		DESCRIPTORS	APF REF
1. PERSON-CENTRED CARE AND COLLABORATION	Demonstrates high level communication and collaboration skills; able to communicate complex information to stakeholders in challenging environments to promote a collaborative approach across the healthcare system.	1.1	Effectively communicates with patients and colleagues in highly challenging and/or hostile environments; manages the situation collaboratively to resolution.	a	Uses appropriate language to engage with the individual(s) concerned; adapts language and approach to mitigate the highly challenging and/or hostile environment.	2.1 4.1
				b	Demonstrates empathy and actively listens; seeks to understand the situation from the perspective of each individual or party involved.	
				c	Maintains composure and clarity in their communication, providing a measured response, when challenged by other senior stakeholders.	
				d	Ensures a person-centred approach to decision making, including in highly challenging and/or hostile situations.	
				e	Demonstrates high levels of diplomacy to broker a collaborative solution in a complex environment; ensures individuals involved are clear on how the situation will be resolved.	
				f	Supports and empowers colleagues to communicate effectively to manage highly challenging and/or hostile environments with patients and colleagues.	
		1.2	Communicates highly complex, sensitive or contentious information to inform and influence senior pharmacy and non-pharmacy stakeholders from across the healthcare system; promotes a collaborative approach working across boundaries.	a	Presents complex information (including interpretation of new evidence) clearly and confidently through different media at a senior level both within and beyond their organisation.	2.1 2.2 6.4
				b	Communicates and collaborates effectively with senior stakeholders within and beyond their organisation; influences senior stakeholders and gains their cooperation.	
				c	Anticipates and recognises potential barriers from stakeholders; persuades and negotiates effectively to achieve a collaborative approach.	
				d	Networks with a range of pharmacy and non-pharmacy organisations and stakeholders to shape, respond to, and implement policy and strategy beyond their organisation.	
				e	Works collaboratively across boundaries to develop, promote, and implement guidelines, policies, and strategies influencing change beyond their organisation.	
				f	Ensures strategic decisions to improve patient care in their area of clinical practice are effectively communicated and implemented across boundaries.	

DOMAIN	CAPABILITIES		OUTCOMES		DESCRIPTORS	APF REF
2. PROFESSIONAL PRACTICE	Leads on the delivery of complex pharmaceutical care in dynamic and uncertain environments across boundaries.	2.1	Possesses in-depth pharmaceutical knowledge and skills in defined clinical area(s); can apply these to manage individual patients and/or patient populations requiring the most complex pharmaceutical care.	a	Applies an advanced level[4] of clinical knowledge and skills in their area of clinical practice to deliver holistic person-centred pharmaceutical care.	1.1 1.3
				b	Leads on the pharmaceutical care of complex patients and/or patient populations in their area of expertise based on the evidence-base and/or best practice.	
		2.2	Influences the delivery and quality assurance of clinical services across boundaries.[5]	a	Works as part of multi-disciplinary teams to lead the development and delivery of clinical services in their area of pharmaceutical expertise.	1.2 4.9
				b	Analyses complex data to inform the delivery of high-quality services.	
				c	Improves the quality of patient care and achieves demonstrable improvements/outcomes for patients related to medicines.	
				d	Delivers expertise on relevant pharmacoeconomic and policy issues relating to medicines at a strategic level.	
		2.3	Demonstrates effective critical thinking, clinical reasoning and decision making where there is uncertainty, competing and/or complex clinical issues.	a	Supports and leads others, working at an organisational level and beyond[6], to manage competing and complex priorities in unpredictable clinical environments.	1.3 5.1
				b	Manages clinical uncertainty by critically appraising the evidence-base and applying it to novel situations.	
				c	Reaches appropriate decisions in challenging environments where there are competing priorities and/or an absence of reliable evidence.	

4. Implies depth and breadth of knowledge in line with APF Mastery level.
5. 'boundaries' = traditional boundaries in the healthcare system between different professions, areas of clinical practice, and/or geographies.
6. 'beyond your organisation' = at a local, regional, national and/or international level.

DOMAIN	CAPABILITIES		OUTCOMES		DESCRIPTORS	APF REF
2.PROFESSIONAL PRACTICE	Shapes and implements regional and national policy and strategy in their area of clinical speciality practice.	2.4	Implements regional and national policy and/or strategy at their level of influence within their area of clinical practice.	a	Leads on issues related to their specialist area of clinical practice at an organisational level and/or beyond.	1.4 3.1 4.1
				b	Accountable for the implementation and evaluation of pharmaceutical aspects of relevant guidelines, policies and strategies at an organisational level and/or beyond.	
				c	Initiates, implements, supports and monitors quality and governance systems and processes relating to their specialist area of clinical practice at an organisational level and/or beyond.	
				d	Acts as a role model supporting the pharmacy team and other healthcare professionals with complex issues; supports them to deliver care that is responsive to changing regional and/or national needs.	
		2.5	Translates expertise and research into the creation of new policy influencing practice beyond their organisation. demonstrably improving patient care.	a	Contributes to strategic policy creation beyond their organisation in their specialist area of clinical practice.	1.1
				b	Evaluates the effectiveness of new strategies and/or policies to ensure they are having the desired improvement to patient care at an organisational level or beyond.	

DOMAIN	CAPABILITIES		OUTCOMES		DESCRIPTORS	APF REF
3. LEADERSHIP AND MANAGEMENT	Leads on the strategic vision for implementing and innovating service delivery beyond their organisation; manages service change effectively to deliver demonstrable improvements to patients	3.1	Creates and embeds a shared strategic vision for service delivery within their organisation and beyond; relates goals and actions to wider strategic aims of the organisation, profession and healthcare system.	a	Defines a clear strategic vision aligned to organisational and national policies; leads on its implementation.	3.3 3.5 4.8
				b	Anticipates barriers to realising a strategic vision, takes steps to mitigate these and achieve engagement from others.	
				c	Develops networks of influence and promotes shared agendas, building support for strategic vision both internally and externally to their organisation.	
				d	Proactively demonstrates and promotes the value of pharmacy across healthcare systems.	
		3.2	Leads on innovation and improvement to service delivery at organisational level and beyond; manages change effectively to achieve demonstrable improvement(s) to patient care.	a	Creates a culture which promotes and encourages innovation.	3.4 4.6 4.7
				b	Promotes an evidence-based approach to drive service innovation.	
				c	Reviews evaluations and wide stakeholder feedback to service development needs; places service users at the centre of any service change.	
				d	Applies the principles of quality improvement to service redesign.	
				e	Leads on the successful implementation of innovative ideas with quantifiable outcomes.	
				f	Leads and manages the implementation of complex projects and programmes, including at an organisational level.	
				g	Leads on multi- professional and/or multi-sector collaborative projects working with other healthcare professionals to improve service(s).	
				h	Anticipates and manages barriers to change; manages stakeholder challenge and tension to deliver service and behavioural change successfully.	
				i	Influences individuals and/or teams for service change; listens, motivates and supports them successfully through change processes.	
				j	Evaluates the effectiveness of any service improvement and shares outcomes beyond their organisation to influence wider change.	

DOMAIN	CAPABILITIES		OUTCOMES		DESCRIPTORS	APF REF
3. LEADERSHIP AND MANAGEMENT	Contributes to the governance agenda at a senior level; effectively manages people, resources and risk at a team and/or service level to maximise the quality of patient care.	3.3	Motivates and effectively manages individual and/or team performance at an organisational level[7].	a	Communicates strategic vision effectively with individuals and/or teams; ensures individuals and/or teams understand how they contribute to achieving the vision.	3.6 4.4 4.5
				b	Breaks down strategic vision into discrete operational deliverables and delegates appropriately to individuals/ teams.	
				c	Sets appropriate goals and objectives for individuals and/ or teams which align to organisational, local, regional and national strategies; motivates individuals and/or teams to achieve these.	
				d	Establishes methods for measuring performance of individuals and/or teams; critically analyses performance against agreed standards.	
				e	Identifies poor performance and take responsibility for ensuring appropriate development opportunities and remedial actions are taken to address concerns in line with organisational performance management policies.	
				f	Provides effective feedback to individuals/team that recognises good performance and identifies areas for improvement; proactively addresses the areas for improvement and monitors progress.	
				g	Provides support and guidance to others in identifying and managing concerns about poor performance or unacceptable behaviour.	
				h	Acts as a role model to colleagues by demonstrating high levels of professionalism; treats all involved with dignity and respect.	
		3.4	Manages resources effectively to maximise impact on patient care at an organisational level.	a	Manages resources effectively to ensure financial sustainability of service delivery.	4.2
				b	Influences and monitors clinical effectiveness and efficiency to enhance management of resources.	
				c	Develops and/or contributes to business cases to support further resource and/or reconfigure current resource.	

7. This outcome does not require evidence of **direct** line management; individuals can achieve this outcome by providing evidence of indirect management and/or supervision which meets the outcome descriptors and may also provide retrospective evidence from previous roles.

DOMAIN	CAPABILITIES		OUTCOMES		DESCRIPTORS	APF REF
3. LEADERSHIP AND MANAGEMENT	Contributes to the governance agenda at a senior level; effectively manages people, resources and risk at a team and/or service level to maximise the quality of patient care.	3.5	Shapes and contributes to the governance agenda at a senior level within their organisation and beyond; develops and monitors standards of practice and risk management policies/protocols at a team and/or service level.	a	Shapes clinical governance in their specialist area of clinical practice and contributes to multi-professional governance both within and beyond their organisation.	3.2 4.3 4.4
				b	Ensures individuals and teams apply governance principles in practice.	
				c	Sets standards of practice within their organisation related to their service(s); establishes processes to monitor and evaluate organisational compliance with standards of practice.	
				d	Reviews standards of practice regularly to ensure they are up to date; makes improvements informed by evidence.	
				e	Implements measures to identify, assess and manage risks to the team and/or service as well as review existing risks.	
				f	Identifies patterns of risk within the team and/or service, escalates appropriately and develops solutions to mitigate these.	
				g	Communicates complex risks clearly to relevant internal and external stakeholders.	
				h	Provides professional leadership in analysis of patient safety events.	
				i	Adheres to financial and information governance principles in delivery of their service(s).	

DOMAIN	CAPABILITIES		OUTCOMES		DESCRIPTORS	APF REF
4. EDUCATION	Manages education provision across boundaries both within and outside of their organisation; interprets national policy to shape the education and development of the workforce in their area of clinical practice.	4.1	Manages the professional development of individuals within a team and/or service.	a	Creates a culture within their team(s)/service which promotes and encourages self-development and continued learning.	5.2 5.3 5.4
				b	Supports individuals to undertake a learning-needs analysis and produce an appropriate development plan.	
				c	Coaches and/or mentors individuals, including those practising at an advanced level, to support them with their professional development.	
				d	Demonstrates best practice in the clinical and educational supervision of individuals.	
		4.2	Shapes and contributes to educational provision for patients and healthcare professionals in their area of expertise within and beyond their organisation.	a	Applies best practice in clinical education, including the principles of delivering effective learning, training and assessment to groups of learners.	5.3 5.4 5.5
				b	Supports the development of both the pharmacy and wider multidisciplinary team by delivering evidence-based education interventions.	
				c	Shapes, contributes to and/or is accountable for the development of curricula, educational resources and/or assessments in their area of clinical practice.	
				d	Collaborates with external educational bodies and/or stakeholders to develop and deliver education provision in their area of clinical practice speciality.	
				e	Designs and/or supports the delivery of patient education.	
				f	Evaluates the effectiveness and impact of their education-related activities and outcomes; collates data and feedback, adapting their approach when necessary.	
		4.3	Interprets national policy to create strategic approaches to local workforce education, planning and development.	a	Works with educational commissioners and/or providers to identify local workforce training needs and develop education and training provision to improve patient care in their area of clinical practice.	1,2 5.6
				b	Ensures local educational activities relating to their area of clinical expertise practice align with national policy.	

DOMAIN	CAPABILITIES		OUTCOMES		DESCRIPTORS	APF REF
5. RESEARCH	Critically evaluates the literature and evidence-base to inform and improve service delivery within their organisation and beyond.	5.1	Applies critical evaluation skills in the context of their working practice; uses research and evidence-base to inform and develop practice and services improving patient care at an organisational level and beyond.	a	Critically appraises and synthesises the outcomes of relevant research, evaluation and audit to inform, develop and improve service delivery and therapeutic pathways.	6.1 6.5
				b	Demonstrates development and revision of guidelines and pathways to improve service delivery, centred around current clinical research and evidence-based healthcare.	
				c	Engages with and critiques published literature e.g. participation in journal clubs.	
	Identifies gaps in the evidence-base and designs research protocols to generate new evidence and improve patient care.	5.2	Formulates research questions based on gaps in the evidence- base; designs rigorous research protocols to address these at organisational level and beyond.	a	Critically evaluates and reviews the evidence- base to identify gaps relevant to their area of clinical practice, designing appropriate methodology to formulate research questions.	6.2 6.3
				b	Develops research protocols, selecting appropriate study design and method(s) to answer research questions.	
				c	Develops and critically reviews research protocols which impact beyond their organisation.	
		5.3	Generates new evidence through research; communicates findings to influence practice and improve patient care beyond their organisation.	a	Understands effective research methods, including qualitative and quantitative approaches to scientific enquiry.	6.4 2.2
				b	Develops, implements and reviews research strategy in line with organisational priorities.	
				c	Critically engages in research activity, adhering to good research practice guidance.	
				d	Shares findings to influence and improve service delivery beyond their organisation.	
	Works collaboratively to support research in their area of clinical practice.	5.4	Contributes to research supervision in collaboration with research experts.	a	Supports others to act as supervisors for research projects.	6.6
				b	Is an active member of a research organisation or working groups.	
		5.5	Collaborates with the wider multidisciplinary team to conduct research projects.	a	Develops stakeholder research networks across and between professions to facilitate multidisciplinary research.	6.7
				b	Collaborates with researchers from across the multidisciplinary team.	

4
Experience and support requirements

4.1 Experience requirements

To be able to successfully demonstrate the outcomes of the programme of learning, experience of working at an advanced level in a patient-focussed role in at least one sector of pharmacy practice is essential. Pharmacists working towards these outcomes will equally need experience of influencing practice beyond their own organisation with opportunities to shape and contribute to local, regional and/or national policy creation in their area of clinical practice.

In addition, participants will be required to hold a senior role in their organisation to gain experience of strategic leadership and senior governance; pharmacists wishing to meet these outcomes require experience of analysing the evidence-base to inform service innovation beyond their organisation in their area of clinical practice. Although current direct line management experience is not explicitly required to meet the curriculum outcomes, previous (indirect) management of individuals and/or groups, including providing support for professional development, is required.

It is also expected that pharmacists working towards these outcomes gain experience in developing and delivering educational interventions in their area of clinical expertise in collaboration with external educational stakeholders, influencing local workforce education in line with national policy.

Finally, those undertaking the programme will require experience of undertaking research activities within their area of clinical practice in collaboration with the wider multidisciplinary team, working with external stakeholders to generate new evidence to inform practice and improve patient care.

The organisation and delivery of any formal training associated with achieving these outcomes is the responsibility of employers and/or educational commissioning bodies.

4.2 Support recommendations

These supportive roles are not mandatory but are strongly recommended to ensure individuals receive the appropriate level of support to evidence achievement of the outcomes.

There are two different types of roles that are recommended to support pharmacists to achieve the outcomes of the consultant pharmacist curriculum: a professional coach and expert mentors. We accept that the roles and responsibilities suggested for these roles may not align fully with traditional definitions and approaches to coaching or mentorship. However, we believe these terms better capture the nature of these relationships at this advanced level of registered practice than the concept of supervision.

It is advised that those undertaking the programme have regular scheduled and documented meetings with both their professional coach and expert mentors which focus on constructing an individualised training and development plan based on the curriculum outcomes. The pharmacist undertaking the programme will need to ensure they act as a link between their expert mentors and professional coach. All those involved with supporting the pharmacist should be familiar with the programme of learning, the educational approach and the assessment processes of the consultant pharmacist curriculum.

Individuals undertaking these recommended support roles:

- May be based outside the pharmacist's organisation and meetings may be carried out remotely.
- Do not need to be pharmacists and may be drawn from other professions or areas of expertise.
- Do not need to be members of the RPS.
- May deliver more than one role depending on their experience e.g. one individual may act as a professional coach and an expert mentor or may be an expert mentor in more than one of the recommended areas. If this is the case, however, it is important to clearly define the discrete roles and responsibilities for each role.

4.2.1 The professional coach role

We recommend that all pharmacists undertaking this programme have a dedicated professional coach who is responsible for supporting them to manage their overall progress through the programme. The professional coach should help guide the pharmacist with their personal and professional development; they should also understand best practice in educational theory and coaching senior healthcare colleagues. They are expected to support the pharmacist to review the overall quality of their evidence of learning and help the pharmacist reflect on their overall progress. They should help guide the pharmacist to identify areas for further development and support them in organising education interventions or additional experience to address these both within and outside of their organisation. The professional coach should be a positive role model, provide pastoral support and have an awareness of their responsibilities for promoting equality and diversity. In summary, the professional coach has overall responsibility for holistically supporting the pharmacist undertaking this programme with their professional development.

The professional coach should support the individual to:

- Understand the range learning and assessment opportunities available in the workplace to cover the curriculum.
- Identify and organise appropriate support, training and learning opportunities both within and outside of their organisation.
- Work collaboratively with colleagues to progress towards the outcomes.
- Work autonomously at this highly advanced level.
- Review learning and develop their reflective practice.
- Review work-place evidence and general progress.

In addition, the professional coach should:

- Undertake and record formal review meetings using the professional coach report template to reach intermediate decisions about the progress of the pharmacist through the programme in collaboration with their expert mentors.

- Identify and support pharmacists experiencing difficulties, including liaising with relevant colleagues, including their expert mentor(s).

4.2.2 Expert mentors

Expert mentors are responsible for providing targeted support in the workplace across the five curriculum domains; it is recognised that the nature of the support required for each of the domains needs to be bespoke to the needs of the individual and is unlikely to be fulfilled in the workplace by a single person. By integrating workplace learning with real-life scenarios and service provision, expert mentors support pharmacists following this programme to take responsibility for more and more complex professional scenarios whilst helping them to manage risk to patient safety through effective governance.

Expert mentors act as positive role models and demonstrate an awareness of their responsibilities for promoting equality and diversity. They should themselves have appropriate experience to effectively support the pharmacist in their nominated expert area. To effectively deliver the curriculum, expert mentors should be available to provide teaching, learning and development opportunities based on the needs of the individual in their respective area(s) of expertise, provide regular and effective feedback, undertake supervised learning events (SLEs), and be present (either in person or virtually) to provide support when issues arise. Expert mentors do not necessarily have to be drawn from the pharmacy team; indeed, suitably experienced members of the multidisciplinary team (MDT) may be more appropriate expert mentors for certain areas at this advanced level of practice.

The following expert mentor types are recommended to provide targeted and specific support in the key areas of the curriculum. Some individuals may be able to act as a mentor in more than one area of expertise depending on their experience; the nature of the support or supervision provided, and the level of support in each of the following areas, will also depend heavily on the prior experience of the individual undertaking the programme:

i. **Clinical expert mentor**

The clinical expert mentor is responsible for supporting individuals to achieve the Domain 1 and 2 outcomes. Clinical mentorship will include proportionate supervision of the individual as they develop new complex clinical knowledge and skills, with support tapering off appropriately as the individual is judged to be proficient to practise autonomously at this highly advanced level. It is essential that the clinical expert mentor is an appropriately trained senior colleague with the clinical knowledge and skills to supervise the individual, mitigating potential risk to patients receiving care. They should understand how best to teach application of advanced clinical knowledge or skills and be able to adapt according to the learning style of the individual.

Expert clinical mentors should also support the individual to work beyond their organisation to develop and implement national policy across boundaries, helping the pharmacist working towards consultant level to work collaboratively across the wider multidisciplinary team; they should also help those undertaking the programme to develop the skills and confidence to manage and communicate effectively in highly complex and challenging interactions with patients and senior colleagues.

ii. **Leadership and management mentor**

The leadership and management mentor is responsible for supporting individuals to achieve the Domain 3 outcomes. Acting as a leadership and management mentor will include supporting pharmacists on this programme to develop and implement their strategy for service provision in their area of clinical practice, guiding them to expand their influence beyond the organisational level to lead across a system. The expert mentor will have experience themselves of effectively managing change and will support the individual as they implement service redesign to improve patient care. In addition, they will support the individual to manage resources, including the effective management of people and performance, to deliver high-quality services to patients.

iii. Education mentor

The education mentor is responsible for supporting individuals to achieve the Domain 4 outcomes. Educational mentorship includes supporting individuals to develop their knowledge and understanding of best practice in clinical and educational supervision and the delivery of clinical education to both the pharmacy and wider multidisciplinary team. The education mentor should work with the individual to help them shape and influence the development of the workforce in their clinical area of practice in line with their strategic vision.

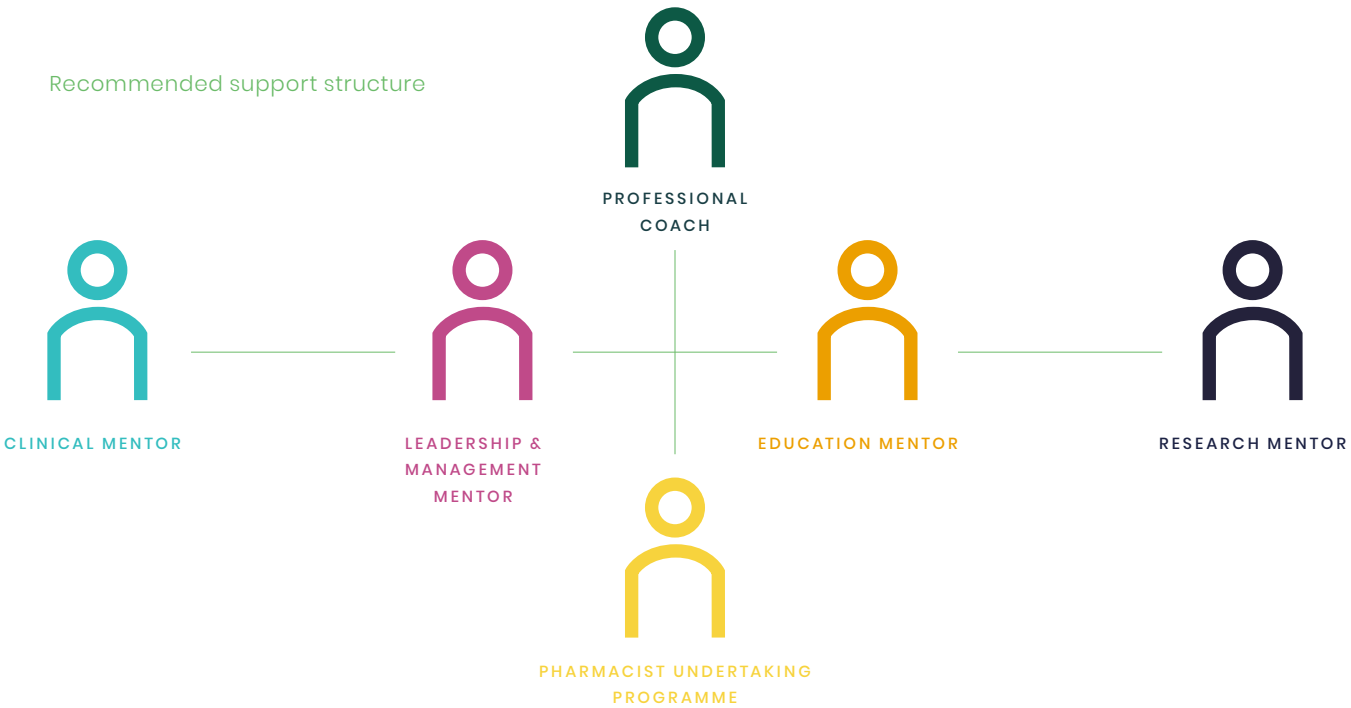
iv. Research mentor

The research mentor is responsible for supporting individuals to achieve the Domain 5 outcomes. Research mentorship includes supporting the individual to develop their research skills and understanding best practice approaches to undertaking research, allowing the pharmacist undertaking the programme to effectively evaluate the literature and evidence- base to inform service redesign, whist identifying gaps to inform future research. The mentor should support the pharmacist to undertake new research to address gaps in the evidence- base in their area of clinical practice and facilitate the sharing of any findings with the wider healthcare system. The research mentor should also facilitate working with researchers from across the multidisciplinary to engender a collaborative approach to research.

In addition to the specific knowledge and skills outlined above, each expert mentor should:

- Understand how different individuals learn best, the relevance of this to teaching and training, and is how to adapt their own mentoring style accordingly.
- Use a variety of effective mentoring methods delivered in person and/or remotely in a work-place setting.
- Understand the importance of reflecting on and evaluating their own approach to mentoring.
- Tailor and provide effective feedback to individuals.
- Use reflective discussion to support individuals to explore and manage challenges, complexity and other pressures in their roles.
- Undertake and record regular reviews with the pharmacist on their progress in their nominated area(s) of expertise to inform intermediate decisions.
- Identify individuals who are struggling, instigate initial steps in supporting them, working closely with the individual's professional coach and other expert mentors, where appropriate, so they are aware of any agreed steps / actions and their responsibilities with respect to these.

Recommended support structure



5 Recommended learning to meet the curriculum outcomes

Pharmacists working towards consultant-level practice are expected to undertake a range of different learning activities in order to gain the knowledge, skills and experience required to meet the learning outcomes.

5.1 Work-based learning

Work-based learning is a fundamental part of developing the highly advanced knowledge, skills and behaviours required to meet the curriculum outcomes. Working closely with other senior healthcare professionals, those undertaking this programme will be required to manage complex clinical and professional scenarios in real-life settings in order to develop the advanced synthesis of knowledge, skills and behaviours implicit to the outcomes at this senior level of practice. This should involve being observed, receiving feedback and reflecting on practice, all of which are fundamental to effective workplace-based learning.

5.2 Self-directed learning

As senior healthcare professionals, self-directed learning will be essential to identifying and addressing individuals' learning needs and/or gaps in experience in line with the curriculum outcomes. This will include self-assessment and reflection to identify areas requiring further development; this may include independent learning as well as seeking opportunities in new environments to increase breadth of experience beyond their service or organisation.

5.3 Learning with others

Learning with others is an effective way to learn from others' experience and can help those working towards consultant-level practice not to feel isolated. Learning with others may include learning with peers as well as with more experienced colleagues working both from the pharmacy team and the wider multidisciplinary team. Learning with peers allows individuals to share similar experiences, explore the curriculum together, discuss and reflect on areas of practice and discuss effective approaches to learning and assessments. These learning events do not necessarily need to take place in person and can be arranged virtually.

Learning with other healthcare professionals is vital as the highly specialised knowledge, skills and behaviours required by pharmacists at this advanced level of practice are rarely provided solely by other pharmacists. Engagement and learning with a wide range of colleagues, such as consultant-level medics, nurses and other healthcare professionals as well as administrative staff, will be important to meet the curriculum outcomes.

Understanding the interfaces at this senior level between pharmacy services and other clinical services is key to provide effective patient care. Equally important is engagement with non-clinical staff who make key decisions about patient care and the services at the heart of this curriculum. All those undertaking this programme are encouraged to exploit opportunities in their professional development to join with other healthcare professionals in shared education and learning events.

5.4 Formal learning

There may, of course, be learning resources and training programmes at both regional and national levels designed or applicable to support individuals to meet the curriculum outcomes. These may, for example, take the form of a post-graduate qualification, formal leadership and management training, learning events arranged by professional bodies etc.

5.5 Developing life-long learners

Learning for consultant-level pharmacists does not stop once these outcomes have been achieved. Firstly, this curriculum describes the entry-level standard to this level of practice; those who achieve this should continue to use the RPS Advanced Pharmacy Framework to guide their professional development as they grow as consultant pharmacists, aiming towards Mastery level practice across all domains. Secondly, in an ever-changing healthcare environment, it is essential that individuals develop the skills to keep their knowledge and skills up-to-date to continue to provide safe and effective patient care. As pharmacists take on increasingly complex roles, their learning needs will evolve and the RPS post-registration professional development structure is designed to provide a scaffold for pharmacists to develop their knowledge, skills and behaviours to effectively and safely undertake these advancing roles.

6
The assessment programme

The programme of assessment lays out how pharmacists will be assessed against the curriculum outcomes and the tools available for formative and summative use.

6.1 The RPS assessment principles

All RPS assessments are built on the following principles to ensure they meet the highest quality standards, remain in line with best practice, and are designed in the best interests of candidates and patients. The nine principles underlie the design, development and operational delivery of all RPS assessments.

PRINCIPLE		HOW DO WE ACHIEVE THIS?
Valid	RPS assessments must effectively assess what they are designed to assess.	• We ensure effective alignment and mapping of our assessments with the underlying curriculum outcomes.
Fair	RPS assessments are delivered in the same way, regardless of who or where the candidate is.	• We use robust standard operating procedures for assessment delivery. • We have robust governance structures in place to ensure the quality of our assessments. • We have processes in place for candidates to challenge assessment outcomes where there has been a procedural or administrative error.
Reliable	RPS assessments are designed so the outcomes of assessments are repeatable and can be trusted.	• We ensure our assessment criteria and definition of the minimum passing standard are clearly defined and consistently applied. • We train assessors so that they understand the assessment standard and criteria. • We quality assure assessors to ensure assessment activities remain in line with the standard and that there is the appropriate application of the assessment criteria.
Transparent	RPS assessments are not a mystery to candidates- they know what the assessment will be like and how they will be assessed.	• We produce detailed candidate guidance documentation which includes exemplar assessment materials and the assessment criteria so candidates know how they will be assessed. • We are open with how we set the minimum passing standard for our assessments.
Authentic	RPS assessments emulate real-life practice.	• We ensure assessment instruments are realistic and authentic based as closely as possible to real-life practice.
Inclusive	RPS assessments are designed so any candidate, regardless of who they are, can demonstrate their achievement of the curriculum outcomes.	• We have guidance and processes in place so candidates with a disability can apply for reasonable adjustments to be made to their assessment. • We have systems and training in place to mitigate unconscious assessor bias. • We monitor attainment of different candidate groups and share this data openly.
Deliverable	RPS assessments are designed to be easily delivered.	• We ensure that our assessments and processes are designed so candidate experience is optimised and assessments can be delivered to the required scale.
Multi-faceted	RPS assessment programmes use a range of assessment types	• We design assessment programmes to incorporate a range of formative and summative assessment instruments to paint a broad assessment picture.
Evidence-based	RPS assessments are evidence-based	• We ensure our assessments are in line with best practice for clinical assessments. • We review our assessments annually to ensure they remain up-to-date.

6.2 Purpose of the assessment programme

The purpose of the programme of assessment is to:

- Assess individuals' performance in the workplace against the curriculum outcomes.
- Enhance learning by providing programmatic formative assessment, enabling individuals to receive immediate feedback in order to understand their own performance and identify areas for development.
- Drive the learning process by clarifying what is required of individuals undertaking the programme and motivating them to ensure they receive suitable training, mentorship and experience.
- Demonstrate learners have acquired the knowledge, skills and behaviours required to meet the consultant-level outcomes and provide safe and effective care to patients at this senior level.
- Demonstrate learners have had the appropriate experience to meet the curriculum outcomes.

6.3 Programmatic assessment – a holistic approach informed by professional judgement

Programmatic assessment represents a shift away from a 'final exam to pass' to an approach which integrates lots of different tools evidencing learning throughout the programme. In this approach, any individual assessment represents only a single data point with limited utility, like a singular pixel not being truly representative of the full image. However, when a number of assessments are carried out over time, then a clearer picture emerges of a learner's true ability.

This longitudinal approach to assessment complements the nature of the outcomes defined in this curriculum; these require the application and synthesis of both clinical and non-clinical knowledge, skills and behaviours to complex clinical scenarios. Such capabilities are learned longitudinally over periods of time rather than after a discrete training course and need to be demonstrated as part of everyday performance; they are shaped by feedback and rely heavily on non-standardised instruments from the 'Does' of Miller's pyramid. This is where a programmatic approach provides a more effective way of assessing individuals rather than more traditional assessment approaches.

Programmatic assessment is based on the following principles which will form the basis of this programme of assessment:

1. **Each assessment represents a single data point which has inherent flaws** – any judgement made through an assessment instrument involves a compromise of some kind and cannot cover all elements of Miller's pyramid - this programme of assessment will therefore use a variety of assessment instruments and methods, combining information from different assessment sources.
2. **Each assessment event must be optimised for learning** – assessment drives learning; the assessment programme dictates what and how the learner will learn with the learner always trying to maximise strategies for success in the final assessment. Therefore, each assessment event must be designed to promote the types of learning conducive to developing the complex capabilities required at this level of practice.
3. **Quality feedback is essential** – each learning event should be formative and be followed with rich feedback for the individual. The recommended support offered by expert mentors, the professional coach, peers, patients and colleagues should promote self-directed learning and progress. Creating trusting relationships with individuals with whom all assessment and feedback information is shared and discussed is educationally very effective.

4. **There are no 'bad' assessment types** – the choice of a particular assessment instrument or method depends entirely on the education justification of this method at that given moment. Any assessment instrument is valid as long as it serves its intended purpose.

5. **Professional judgement is indispensable** – when more complex capabilities need to be assessed, such as those described in this programme of learning, judgements from as wide a range of people as possible, including patients, peers, senior colleagues and other healthcare professionals, are fundamental to effectively measuring performance. The use of professional judgements should be weaved throughout this programme of assessment and will form the basis of the high-stakes final progression decision.

6. **Low stakes assessments can be aggregated to make high stakes decisions** – in programmatic assessment, pass/fail decisions are removed from any single assessment event, making all assessment events "lower stakes" assessment; this is, however, not to be confused with 'no stakes'. A number of diverse low-stakes assessments can be aggregated to inform high-stakes decisions, such as whether an individual is ready to practise at consultant level.

7. **Stakes and number of assessment events are related** – the higher the stakes in terms of risk to patient safety, the more robust the information needs to be to inform decisions around performance of an individual against the programme of learning. Therefore, as detailed in the assessment blueprint below, outcomes most directly linked to patient safety are stated as high stakes and will require more data points and evidence than medium and low stakes outcomes in order to make decisions on an individual's competence. In this programme of assessment, these data will inform two types of decisions:

    - **Intermediate decisions** - formative checkpoints carried out by the professional coach and expert mentors during the programme which may result in further supportive actions put in place to ensure continued progress.
    - **Final decision** – the high stakes critical progression point, based on numerous data points, reviewed holistically by a competency committee. The outcome of this decision will inform whether an individual has satisfactorily met the learning outcomes and can enter consultant-level pharmacist practice.

8. **Effective quality assurance and robust procedures add to the trustworthiness of high-stakes decision making** – stakeholders must have confidence in the high-stakes decision as to whether an individual can enter consultant-level practice or not. Making such a complex decision for senior healthcare professions cannot be left to an automated algorithm and we require the pooling of diverse professional judgements. An independent competency committee will be appointed to review the portfolio of learning and assessment data, weighing up the information and deliberating to arrive at a mutually informed decision. Making progression decisions by committee helps mitigate the inherent bias from singular subjective judgements. Further details on the competency committee can be found in **section 6.9.**

6.4 The programme of assessment

Individuals undertaking this programme will be required to compile an electronic portfolio evidencing their learning against the curriculum outcomes in line with the programmatic assessment principles defined above. Using a variety of formative and summative assessment instruments evidencing their learning, referring to the descriptors to help guide them on the level of performance required, individuals will be able to demonstrate their achievement of the learning outcomes. Within this programme of assessment, the RPS has sought to provide sufficient guidance as to when and how to use each assessment instrument whilst allowing the individual and their expert mentors and professional coach the freedom to make an informed judgement as to which method or combination of methods are most appropriate in any given learning situation. For some higher-stakes outcomes, mandated assessment guidance has been stated; this means that evidence mapped to these outcomes must include examples of these assessment types to be achieved. Further details on mandated assessment types can be found in **section 6.7.**

6.5 The RPS e-portfolio

Individuals undertaking the programme will be granted access to the RPS consultant pharmacist e-portfolio to record and compile their learning and assessment evidence against the outcomes throughout the duration of the programme.

Collaborators, including your expert mentors and professional coach, will be given access to the RPS e-portfolio to undertake supervised learning events, record feedback and provide judgements and narrative against the learning outcomes.

Individuals will also be able to record the outcomes of their meetings with their expert mentors and professional coach using the relevant report templates and develop action plans to inform next steps.

6.6 Assessment instruments available to demonstrate learning

A range of assessment instruments are included within the RPS consultant e-portfolio that individuals undertaking the programme, as well as their collaborators, can use to record learning and demonstrate progress towards the outcomes. The tools below are not exhaustive to demonstrate learning and individuals may choose to upload other forms of evidence to their portfolio to demonstrate their learning and competence against the descriptors.

MILLER'S PYRAMID LEVEL	WORK-BASED ASSESSMENT INSTRUMENT	DESCRIPTION
Knows how	**Structured vivas / theoretical case-based discussions**	Structured oral assessment with collaborator(s) asking questions focussed around theoretical management of cases. This can be undertaken using the CbD SLE tool below.
Does	**Directly observed procedure (DOPS)**	Evaluates the performance of an individual in undertaking a particular practical procedure against a structured feedback form.
Does	**Mini clinical evaluation exercise (Mini-CEX)**	Evaluates a global clinical encounter rather than a specific procedure with a collaborator assessing the synthesis of skills essential for clinical care such as history taking, communication, examination and clinical reasoning.
Does	**Direct observation of non-clinical skills (DONCS)**	Provides feedback on an individual's performance on non-clinical skills through direct observation e.g. observation of chairing a meeting or giving feedback to a team member.
Does	**Acute care assessment tool (ACAT)**	Provides the individual with formative feedback on their ability to integrate multiple skills in a complex and challenging care setting managing competing priorities, and over a sustained period with multiple patients.
Does	**Case based discussions (CbDs)**	Retrospectively evaluates the individual's input into patient care. Structured discussion is undertaken remotely from the patient and is used to explore clinical reasoning, decision making and application of complex clinical knowledge in practice.
Does	**Case presentation (CP)**	Evaluates an individual's ability to orally present a case to colleagues.
Does	**Journal club presentation (JCP)**	Similar to a CP, enables an assessment to be made of the individual's ability to present at a Journal Club.
Does	**Patient survey (PS)**	Provides objective systematic collection and feedback of performance data on an individual from patients' perspectives.

Does	**Teaching observation tool (TO)**	Provides structured, formative feedback to individuals on their teaching of other healthcare professionals.
Does	**Peer learning and assessment (APLAN)/mini peer assessment tool (mini-PAT)**	Records learning from various forms of peer, collaborative or cooperative learning, particularly of small group activities undertaken with peers. Peers also can rate the individual and provide formative feedback
Does	**Reflective accounts (RA)**	Flexible tool for individuals to document reflection and learning from a wide range of settings.
Does	**Quality improvement project assessment tool (QIPAT)**	Assesses an individual's ability to complete a quality improvement audit/project.
Does	**Multiple source feedback tool (MSF)/360 appraisal**	Provides systematic collection and feedback of performance data on an individual from colleagues
Does	**Clinical leadership assessment skills (LEADER)**	Provides the individual with formative feedback on their leadership skills in relation to a specific case or scenario.
Does	**Expert mentor report (EMR)**	Captures the views of the individual's expert mentors based on observation of an individual's performance and evidence across the different domains of practice.
Does	**Professional coach report (PCR)**	Professional coach records a longitudinal, global report on an individuals' progress based on a range of assessments.

Supervised Learning Events (SLEs)

These provide an important opportunity for authentic learning and development in the workplace. All SLEs undertaken as part of this programme should involve a formative aspect ensuring the pharmacist receives immediate high-quality feedback, allowing them to reflect on their own performance and identify areas for development against the outcomes. Most encounters experienced in day to day practice can provide an opportunity for reflection and/or feedback and this process should, as a rule of thumb, occur weekly. SLEs do not necessarily need to take place in person and may be undertaken remotely using digital technologies if this is possible and appropriate to the educational context.

Other evidence types

Evidence types additional to supervised learning events will also be required to demonstrate achievement of the curriculum outcomes. The individual undertaking this programme is free to upload any evidence type they feel demonstrates achievement of the curriculum outcomes. Examples could include, but are not limited to, the following:

- Published journal articles
- Evidence of published research
- Copies of anonymised written feedback from patients and stakeholders
- Copies of anonymised documents evidencing active involvement in the design of care pathways
- Videos or recordings of presentations and/or meetings

It is important that the SLEs and other evidence of learning within the portfolio are pitched at the appropriate level to meet the descriptors in the programme of learning.

6.7 Assessment blueprint and evidence requirements

The blueprint within the programme of assessment ensures that the curriculum outcomes can be satisfactorily demonstrated using the available assessment instruments. The below shows the recommended potential assessment instruments for each outcome; it is, however, at the individual's discretion as to which assessment instruments they choose to evidence each outcome. It is not expected for the individual to use all the recommended potential instruments below for each outcome – these are provided simply as guidance and the assessment tools used will depend on the nature of the learning and the educational context.

Outcome stakes

The level of stakes for each outcome was determined by the RPS consultant pharmacist task and finish group. Each member of the group was asked to independently score each outcome on a numerical scale based on their perception of each outcome's potential risk to patient harm. These scores were aggregated and averaged to determine a proposed final stakes rating for each outcome. These were then reviewed and agreed by the RPS consultant pharmacist task and finish group.

Despite the stakes ratings, all curriculum outcomes should be considered as equally important in terms of demonstrating consultant-level practice and **all outcomes must be achieved in the programme of assessment to pass.** In line with the programmatic assessment approach, however, it is important to determine each outcome's stakes as; the number of assessment data points should be proportionate to its stakes to inform robust decisions involving patient safety i.e. the higher the stakes, the more evidence of learning should be mapped to that outcome. Individuals are therefore advised to ensure those outcomes stated as high stakes below are supported by as wide a range of robust evidence as possible.

Minimum evidence requirements

Some outcomes have mandatory evidence requirements as detailed in the table below. In addition, we suggest a **minimum of three** pieces of discrete evidence mapped to each outcome.

We understand that some candidates may prefer a prescriptive number of pieces of evidence needed per outcome; however, given the wide range of potential roles and evidence types available, it would be very difficult to set a meaningful maximum number relevant to all potential applicants. The number of pieces of evidence mapped to an outcome will depend on the individual being assessed, their area of clinical practice, the stakes rating of the outcome and the range and breadth of the evidence presented. We recommend that candidates review the outcome descriptors to ensure their evidence is in line with the level of performance described in these.

Reflective practice

Evidence of reflective practice should flow longitudinally through the portfolio demonstrating evidence of learning and progress towards the outcomes. Where possible, reflective accounts should be supplemented with other validating evidence supporting the reflections. It is recognised that it may not always be possible to undertake contemporaneous reflection if some time has elapsed since the learning event; if this is the case, examples of retrospective reflection are equally acceptable.

Expert mentor reports

It is expected that at least one expert mentor report (but preferably more) is submitted and mapped to cover all the outcomes in the relevant expert domain reflecting their more holistic assessment of the individual's level of performance in that domain.

	APF LEVEL[8]	OUTCOMES	STAKES[9]	DOPS	MINI-CEX	DONCS	ACAT	CBD	CP	JCP	PS	RA	QIPAT	TO	LEAD	EMR	MANDATORY EVIDENCE REQUIREMENTS
1.1	M	Effectively communicates with patients and colleagues in highly challenging and/or hostile environments; manages the situation collaboratively to resolution.	H	×	×	×	×				×	×				×	Evidence of **direct observation** of communication with different stakeholders by a range of collaborators using appropriate WBA tools
																	Evidence of **feedback** from those being communicated to, evaluating the effectiveness of the pharmacist's communication skills from their perspectives using appropriate WBA tools.
																	Evidence of assessment by **independent** experts i.e. by those who do not directly know the individual and have no potential bias regarding their ability.
1.2	M	Communicates highly complex, sensitive or contentious information to inform and influence senior pharmacy and non-pharmacy stakeholders from across the healthcare system; promotes a collaborative approach working across boundaries.	H		×	×	×	×	×			×				×	Evidence of **direct observation** of communication with different stakeholders by a range of collaborators using appropriate WBA tools
																	Evidence of **feedback** from those being communicated to, evaluating the effectiveness of the pharmacist's communication skills from their perspectives using appropriate WBA tools.
																	Evidence of assessment by **independent** experts i.e. by those who do not directly know the individual and have no potential bias regarding their ability.

8. M = Mastery, ASII = Advanced stage II
9. H = high stakes, M = medium stakes, L = low stakes

	APF LEVEL	OUTCOMES	STAKES	DOPS	MINI-CEX	DONCS	ACAT	CBD	CP	JCP	PS	RA	QIPAT	TO	LEAD	EMR	MANDATORY EVIDENCE REQUIREMENTS
2.1	M	Possesses in-depth pharmaceutical knowledge and skills in defined clinical area(s); can apply these to manage individual patients and patient populations requiring the most complex pharmaceutical care.	H	×	×		×	×	×							×	Evidence of **direct observation** of practice by appropriate collaborators using appropriate WBA tools. Evidence of **discussion** of cases with a range of collaborators using appropriate WBA tools. Evidence of assessment by **independent** clinical experts i.e. by those who do not directly know the individual and have no potential bias regarding their ability.
2.2	M	Influences the delivery and quality assurance of clinical services across boundaries	M						×			×	×			×	
2.3	M	Demonstrates effective critical thinking, clinical reasoning and decision making where there is uncertainty, competing and/or complex clinical issues.	H	×	×	×	×	×	×	×		×				×	Evidence of **direct observation** of practice by appropriate collaborators using appropriate WBA tools. Evidence of **discussion** of cases with a range of collaborators using appropriate WBA tools. Evidence of assessment by **independent** clinical experts i.e. by those who do not directly know the individual and have no potential bias regarding their ability.
2.4	M	Implements regional and national policy and/or strategy at their level of influence within their clinical speciality.	M						×			×			×	×	
2.5	M	Translates specialist expertise and research into the creation of new policy influencing practice beyond their organisation, demonstrably improving patient care.	H						×			×	×			×	

	APF LEVEL	OUTCOMES	STAKES	DOPS	MINI-CEX	DONCS	ACAT	CBD	CP	JCP	PS	RA	QIPAT	TO	LEAD	EMR	MANDATORY EVIDENCE REQUIREMENTS
3.1	M	Creates and embeds a shared strategic vision for service delivery within their organisation and beyond; relates goals and actions to wider strategic aims of the organisation, profession and healthcare system.	M						×			×	×		×	×	
3.2	M	Leads on innovation and improvement to service delivery at organisational level and beyond; manages change effectively to achieve demonstrable improvement(s) to patient care.	M						×			×	×		×	×	
3.3	ASII	Motivates and effectively manages individual and/or team performance[10] at an organisational level.	M			×						×			×	×	Evidence of direct feedback from those managed by the pharmacist using appropriate WBA tools.
3.4	ASII	Manages resources effectively to maximise impact on patient care at an organisational level.	M						×			×	×			×	
3.5	M	Shapes and contributes to the governance agenda at a senior level within their organisation and beyond; develops and monitors standards of practice and risk management policies/protocols at a team and/or service level.	H						×				×		×	×	
4.1	ASII	Manages the professional development of individuals within a team and/or service.	M									×				×	
4.2	ASII	Shapes and contributes to educational provision for patients and healthcare professionals in their area of expertise within and beyond their organisation.	M			×					×	×		×	×	×	
4.3	ASII	Interprets national policy to create strategic approaches to local workforce education, planning and development.	M						×			×			×	×	

10. Does not require evidence of **direct** line management; individuals can achieve this outcome by providing evidence of indirect management and/or supervision which meets the outcome descriptors and may also provide retrospective evidence from previous roles.

	APF LEVEL	OUTCOMES	STAKES	DOPS	MINI-CEX	DONCS	ACAT	CBD	CP	JCP	PS	RA	QIPAT	TO	LEAD	EMR	MANDATORY EVIDENCE REQUIREMENTS
5.1	AS II	Applies critical evaluation skills in the context of their working practice; uses research and evidence-base to inform and develop practice and services improving patient care at an organisational level and beyond.	H					×	×	×		×				×	Evidence of direct observation of practice by appropriate collaborators using appropriate WBA tools. Evidence of discussion of cases with a range of collaborators using appropriate WBA tools. Evidence of assessment by independent clinical experts i.e. by those who do not directly know the individual and have no potential bias regarding their ability.
5.2	AS II	Formulates research questions based on gaps in the evidence-base; designs rigorous research protocols to address these and improve service delivery at organisational level and beyond.	M						×	×		×	×			×	
5.3	AS II	Generates new evidence through research; communicates findings to influence practice and improve patient care beyond their organisation.	M						×	×		×	×			×	
5.4	AS II	Contributes to research supervision in collaboration with research experts.	L									×				×	
5.5	AS II	Collaborates with the wider multidisciplinary team to conduct research projects.	L						×			×	×			×	

6.8 Formative assessment (including intermediate decisions)

The provision of high-quality formative feedback to inform learning is essential to effective programmatic assessment. The individual undertaking the programme should receive regular formative feedback from a wide range of sources, including from, but not limited to, the following people:

- Collaborators observing the individual whilst undertaking supervised learning events.
- Colleagues from both within and outside of their organisation.
- Colleagues from the wider pharmacy team.
- Colleagues from the wider multidisciplinary team.
- Both peers and more senior individuals.
- Patients.

Formative assessment opportunities through the SLEs should encourage individuals working towards consultant-level practice to reflect on their practice and learning needs. It is expected that the final portfolio will contain evidence of formative feedback from a range of sources with evidenced progression as a result of this feedback.

Individuals should also receive formal formative feedback at their regular review meetings with their expert mentors and professional coach. This feedback should be more general and relate to intermediate decisions about their overall progress towards achieving the outcomes across a particular domain or across the curriculum as a whole. This feedback should be captured in the expert mentor and professional coach reports.

Regular review meetings with expert mentors and the professional coach will identify individuals who are struggling to make the expected progress against the outcomes. This may result from poor performance in the workplace, extended absence from practice or other issues which prevent the individual experiencing sufficient learning and development opportunities. Supported by their expert mentors and professional coach, the individual should identify when this is the case to enable the required support to be put in place as soon as possible. Any individual completing this programme should always be encouraged to work with their mentors, coach and employer to resolve any issues affecting progress or performance in the first instance.

6.9 Summative assessment (including final decision)

When an individual believes they have compiled sufficient evidence of learning against the outcomes, they can submit their e-portfolio for a final decision review by an RPS consultant pharmacist competency committee. An individual may submit for sequential assessment of individual domains if they wish, although they will only be credentialed as consultant-ready once all domains have been assessed and the entry-level standard has been met. Further details on sequential assessment will be detailed in the assessment regulations.

Using the collection of assessment data gathered from a variety of sources throughout the programme, consultant pharmacist competency committees will review performance information to assess individuals' readiness to progress to consultant-level practice.

Consultant pharmacist competency committees (CPCCs)

CPCCs are based on the concept of clinical competency committees which are recognised in the literature as an effective approach to reaching final decisions on individuals' progression through a programmatic approach to learning and assessment. Group decision making involves expert individuals coming together and processing assessment information through the lens of their individual professional judgement to reach a collective decision on whether an individual can progress. The literature shows that groups often reach more informed assessment decisions than individuals; group evaluation of performance also improves alignment of narrative comments with final learner outcomes and is better at assessing performance over time. Finally, group discussion also improves the identification of patterns of performance including those struggling to meet the curriculum outcomes.

CPCCs will be comprised of a minimum of three experts with the following areas represented in its membership:

- Expertise from the applicant's area of clinical practice
- Pharmacy system leadership experience
- A practising consultant pharmacist
- Academic expertise

The committee will be chaired by a CPCC chairperson who is either an experienced CPCC assessor or senior RPS representative who has undertaken additional training to chair CPCCs. The potential outcomes of the committee are as follows:

Standard met – the individual has provided satisfactory evidence to demonstrate achievement of all the consultant pharmacist curriculum outcomes under assessment. The individual is now credentialed as 'consultant-ready' and is eligible to apply for approved consultant pharmacist posts.

Standard not met – the individual has not provided satisfactory evidence to demonstrate achievement of all the consultant pharmacist curriculum outcomes under assessment. Clear feedback will be provided as to which outcomes have not been met and why and the individual will need to be reassessed in one or more domains of the curriculum.

Insufficient evidence – The outcome indicates that, while some of the evidence provided indicated that the individual may be practising at the expected level, the gaps in the evidence were such that the panel was unable to confidently conclude the outcome had been fully achieved. The individual will be required to resubmit for reassessment of the domain(s) where there was insufficient evidence provided. The individual will not be required to resubmit evidence for those domains where the CPCC agreed all the outcomes in that domain had been met.

All applicants will receive formative feedback on their submission from the committee regardless of the outcome of the assessment.

All members of the consultant pharmacist competency committee pool undergo mandatory standardisation training delivered by the RPS prior to assessing live portfolios. Any conflicts of interest must be declared by assessors prior to assessing portfolios to ensure independence in decision making. Assessment activity and application of the standard are also monitored as part of our ongoing quality control measures.

6.10 Quality assurance

A number of quality assurance mechanisms are in place to ensure the continued quality of the programme assessment to ensure assessment outcomes are fair and valid. These include:

- The provision of detailed guidance for those undertaking the programme as well as other stakeholders involved in their learning to ensure transparency in the expected standard and assessment process.
- All those undertaking the programme, including those submitting for the assessment, will be invited to provide feedback on their experience to inform future improvement.
- Learner performance and assessment outcome data will be subjected to psychometric analysis which will be reviewed regularly by APAP and the ESC. These governance structures are responsible for reviewing longitudinal performance trends.
- Guidance and training is provided to collaborators to ensure they understand their roles and responsibilities and to improve the quality of the support and feedback provided during the programme.
- Robust operational processes are in place to ensure consistency and fairness in the running of the consultant pharmacist competency committees.
- Members of the CPCC pool will be subjected to mandatory training prior to reviewing live portfolios.
- Members of the CPCC pool will be asked to declare any potential conflicts of interest with candidates to ensure an independent and fair assessment.
- The programme of assessment will be independently reviewed by an assessment expert after its first year to ensure it is valid and fit for purpose. The curriculum, including the programme of assessment, will also be subject to annual review by the subcommittee of APAP to ensure it remains relevant to practice.
- A transparent appeals process will be available to individuals undergoing assessment if they believe their outcome has been affected by procedural or administrative irregularities.

6.11 Flexibility and accreditation of prior certified learning (APCL)

The RPS is committed to avoiding burdensome duplication of assessment but also recognises its duty to protect patients and the public by ensuring those credentialed through this programme have the requisite knowledge, skills, behaviours and experience to practise safely at this highly advanced level of clinical practice.

What is APCL?

APCL gives recognition to learning which has been formally assessed and for which a certificate has been awarded; this process avoids duplication of assessment for individuals undertaking this programme. The process of giving recognition is based on a comparison of any previously certified level of performance against the outcomes and descriptors defined in this curriculum's programme of learning.

The RPS will consider APCL applications by applying the following principles:

- APCL will not be awarded for high-stakes outcomes. All individuals undertaking the programme will have to demonstrate achievement of all high-stakes outcomes through this curriculum's programme of assessment.
- APCL will only be awarded to exempt individuals from being assessed against medium-stakes and low-stakes outcomes.
- All APCL requests must be relevant, authentic and valid.
- All APCL requests must be at the equivalent level of performance as described in this curriculum's programme of learning.
- All APCL requests must provide evidence of certified learning in the area of clinical expertise for which individuals are seeking credentialing at consultant level.
- Patient safety must never be compromised.

Automatic APCL of RPS Faculty assessments

Those who have previously undertaken the RPS Faculty assessment will be eligible for automatic APCL in line with the principles above. In summary, this means that RPS Faculty members will be exempt from assessment for medium- and low-stakes outcomes in those domains where they have been previously assessed as practising at the entry-level consultant pharmacist standard (Mastery in Clusters 1-3 and ASII in Clusters 4-6 of the APF):

- **Example 1:** if a Faculty member has been awarded ASII in the Faculty assessment for the Research cluster, they would be automatically exempt from having to provide evidence for the following outcomes in Domain 5: 5.2, 5.3, 5.4, 5.5. They would still be required to submit evidence for 5.1 as this is a high-stakes outcome.
- **Example 2:** if a Faculty member has been awarded ASII in the Faculty assessment for the Education Training and Development cluster, they would be automatically exempt from having to provide evidence for all the outcomes in Domain 4.
- **Example 3:** if a Faculty member has been awarded Mastery in the Faculty assessment for the Expert Professional Practice cluster, they would be automatically exempt from having to provide evidence for the following outcomes in Domain 2: 2.2, 2.4. They would still be required to submit evidence for 2.1, 2.3 and 2.5 as these are high-stakes outcomes
- **Example 4:** if a Faculty member has been awarded ASII in the Faculty assessment for both the Leadership and Management clusters, they would be automatically exempt from having to provide evidence for outcomes 3.3 and 3.4 in Domain 3. They would still be required to submit evidence for outcomes 3.1, 3.2, 3.5 as these are mapped to Mastery level and the previous assessment placed the individual at ASII.

RPS Faculty members will also be provided with individual guidance on which outcomes they are exempt from in this curriculum on a case by case basis if required.

APCL of other certified learning

If an individual has achieved certified learning through other post-graduate institutions, e.g. Master's qualification or other certified course, this may be able to exempt them from the assessment of relevant medium- and/or low-stakes outcomes.

In order to determine this, the individual will need to submit an APCL application for review by an RPS APCL assessor. The individual will need to provide a copy of the relevant certificate and/or transcript, information on the curriculum outcomes and/or assessment criteria and will need to undertake a mapping exercise to demonstrate which outcomes the certified learning meets.

In addition, previous (recent) certified learning can also still be submitted as contributing evidence for achievement of the high-stakes outcomes.

Legacy post-holders

Legacy consultant pharmacist post-holders, who were appointed to an approved consultant pharmacist post prior to the publication of the new NHS Consultant Pharmacist guidance, are exempt from this credentialing process.

6.12 Inclusivity

The RPS is committed to developing and delivering inclusive assessments which allow any individual to demonstrate the curriculum outcomes without bias.

In addition to the measures outlined in **section 3.3,** to ensure our programme of assessment specifically is fair for all, the RPS has a number of measures in place to mitigate bias and discrimination against learners with protected characteristics. These include:

- Promoting inclusivity and diversity in our assessment governance structures to ensure their membership mirrors the diversity of those undertaking the assessment programmes.
- Tasking our assessment panels and overarching quality governance board with monitoring and addressing differential attainment in our assessment programmes.
- Collating and transparently publishing equality and diversity data related to assessment performance.
- Providing clear reasonable adjustment processes for anyone undertaking the assessment who requires them on the grounds of a disability.

7
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